

Foster Family Home - Corrective Action Report

Provider ID: 1-160084

Home Name: Hazeline Taban, CNA

Review ID: 1-160084-6

94-917 Kuhaulua Street, A

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/15/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/15/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN
Compliance Manager

SM
Primary Care Giver

10/15/19
Date

10/15/19
Date